

LOUISIANA  
ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
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LOUISIANA BOARD OF ETHICS

Post Office Box 4368  
Baton Rouge, Louisiana 70821

2011 SEP 16 PM 3:14  
**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)**

This Report Covers Calendar Year: 2010

☒ ORIGINAL REPORT  
☐ AMENDED REPORT

☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE L.

Office Sought: September 6, 2011 Incumbent: ☒ Yes ☐ No  
Date of Election: October 22, 2011  
Date Qualified: \_\_\_\_\_

Name of Filer (print full name): Girard H. Jackson III

Mailing Address: 2313 Bellaire Lane

City, State, Zip: Harvey, La. 70058

Name of Spouse (print full name): \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Principal Business Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Check all that apply:

- ☐ I have filed my state income tax return for the previous year.  
☒ I have filed for an extension of my state income tax return for the previous year.  
☐ I have filed my federal income tax return for the previous year.  
☒ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.

**Certificate of Accuracy**

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer

Sworn to and subscribed before me on this 16<sup>th</sup> day of September, 20 11.

Michelle E. Scott Bennett

Notary Public (print name)

Michelle E. Scott Bennett

Notary Public (signature)

ID# 56884

Date Commission Expires Lifetime

**LOUISIANA BOARD OF ETHICS**

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**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)**This Report Covers Calendar Year: 2010☒ ORIGINAL REPORT☐ AMENDED REPORT☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE L.Office Sought: September 6, 2011Incumbent: ☒ Yes ☐ NoDate of Election: October 22, 2011

Date Qualified: \_\_\_\_\_

Name of Filer (print full name): Girard H. Jackson IIIMailing Address: 2313 Bellaire LaneCity, State, Zip: Harvey, La. 70058

Name of Spouse (print full name): \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Spouse's Principal Business Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Check all that apply:

☐ I have filed my state income tax return for the previous year.☒ I have filed for an extension of my state income tax return for the previous year.☐ I have filed my federal income tax return for the previous year.☒ I have filed for an extension of my federal income tax return for the previous year.**NOTE:** La. R.S. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.**Certificate of Accuracy**

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature of Filer

Sworn to and subscribed before me on this 16<sup>th</sup> day of September, 20 11.Michelle E. Scott-Bennett

Notary Public (print name)

Michelle E. Scott-Bennett

Notary Public (signature)

ID# 56884Date Commission Expires Lifetime

**LOUISIANA BOARD OF ETHICS**

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**Schedule A: Employment Information**

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> Part-Time
Job Title: <u>La. State Representative</u>			
Name of Employer: <u>State of La. House of Representatives</u>			
Address: <u>P.O. Box 41197</u>			
City, State, Zip: <u>Baton Rouge, La. 70804</u>			
Job Description: <u>State Legislator</u>			

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: <u>Project Manager</u>			
Name of Employer: <u>Benetech, LLC</u>			
Address: _____			
City, State, Zip: _____			
Job Description: <u>QC / QA / Safety Inspector</u>			

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: _____			
Name of Employer: _____			
Address: _____			
City, State, Zip: _____			
Job Description: _____			

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: _____			
Name of Employer: _____			
Address: _____			
City, State, Zip: _____			
Job Description: _____			

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**SCHEDULE B: POSITIONS - BUSINESS**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (amount exceeds 10%): <u>100</u> % Name of Business: <u>Diversified Ventures, LLC</u> Address: <u>1500 Lafayette Street</u> City, State, Zip: <u>Gretna, La. 70053</u> Business Description: <u>Building Construction</u> Nature of Association: <u>Owner / President</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (amount exceeds 10%): _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (amount exceeds 10%): _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (amount exceeds 10%): _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____	

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business and if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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**Schedule C: Positions – Nonprofit**

n/A

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

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**Schedule D: Income from the State, Political Subdivisions, and/or Gaming Interests**

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Business (where amount of interest exceeds 10%)
Type of Income: <input checked="" type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Name of Business (if applicable): _____		
Name of Income Source: <u>State of La. House of Representatives</u>		
Address: <u>P.O. Box 44197</u>		
City, State, Zip: <u>Baton Rouge, La. 70804</u>		
Amount of Income (exact dollar amount): \$ <u>36,347.00</u>		

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Business (where amount of interest exceeds 10%)
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Name of Business (if applicable): _____		
Name of Income Source: _____		
Address: _____		
City, State, Zip: _____		
Amount of Income (exact dollar amount): \$ _____		

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Business (where amount of interest exceeds 10%)
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Name of Business (if applicable): _____		
Name of Income Source: _____		
Address: _____		
City, State, Zip: _____		
Amount of Income (exact dollar amount): \$ _____		

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Business (where amount of interest exceeds 10%)
Type of Income: <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Gaming Interest		
Name of Business (if applicable): _____		
Name of Income Source: _____		
Address: _____		
City, State, Zip: _____		
Amount of Income (exact dollar amount): \$ _____		

\* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

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**Schedule E: Income Received from Employment**

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: <u>Benetech, LLC</u>	
Address: _____	
City, State, Zip: _____	
Nature of Services (pursuant to such employment): <u>QC/QA/Safety Inspector</u>	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input checked="" type="checkbox"/> Category II (\$5,000-\$24,999)	
<input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

  

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: <u>Diversified Ventures, LLC</u>	
Address: <u>1500 Lafayette Street</u>	
City, State, Zip: <u>Groton, LA 70053</u>	
Nature of Services (pursuant to such employment): _____	
Amount of Income: <input checked="" type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999)	
<input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: _____	
Address: _____	
City, State, Zip: _____	
Nature of Services (pursuant to such employment): _____	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999)	
<input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

  

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of Employer: _____	
Address: _____	
City, State, Zip: _____	
Nature of Services (pursuant to such employment): _____	
Amount of Income: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999)	
<input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

\* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

\* Income received through self-employment is reported on SCHEDULE F.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule F: Income Received From Business Interests****AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:**

- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☐ Category IV (more than \$100,000)

☐ Filer    ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Filer    ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Filer    ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Filer    ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.



**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule G: Other Income** (Any other income that exceeds \$1,000 from each source)☒ Filer ☐ SpouseDescription of Income: Rental PropertyNature of services rendered or reason income was received: Rents receivedAmount of Income: ☒ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

\*Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property** (A property that exceeds \$2,000 in value)☒ Filer ☐ Spouse ☐ Both

## Location of Property

Country: U.S. State: La. Parish/County: OrleansDescription of Property: Rental PropertyValue of Property: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)  
☒ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

## Location of Property

Country: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of Property: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

## Location of Property

Country: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of Property: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

## Location of Property

Country: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of Property: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\*If the immovable property does not have an address, disclose the location by state and parish or county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

**LOUISIANA BOARD OF ETHICS**

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**Schedule I: Investment Holdings** (An investment holding that exceeds \$5,000) *N/A*☐ Filer ☐ Spouse ☐ Both

Name of Security: \_\_\_\_\_

Description of Security: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Both

Name of Security: \_\_\_\_\_

Description of Security: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Both

Name of Security: \_\_\_\_\_

Description of Security: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Both

Name of Security: \_\_\_\_\_

Description of Security: \_\_\_\_\_

\* You are required to complete SCHEDULE I if you or your spouse (either individually or collectively) holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, or cash/cash equivalent investments.

\* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule J: Transactions** (A transaction that exceeds \$5,000)

N/A

☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction: \_\_\_\_\_

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction: \_\_\_\_\_

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction: \_\_\_\_\_

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction: \_\_\_\_\_

Amount of Transaction:

☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE J if you or your spouse (either individually or collectively) purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

**LOUISIANA BOARD OF ETHICS**

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**Schedule K: Liabilities** (A liability that exceeds \$10,000)

N/A

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

\*You are required to complete SCHEDULE K if you or your spouse (either individually or collectively) owes any liability which exceeds \$10,000 on the last day of the reporting period.

\*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

\*"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule L: Other Offices/Positions Held**

N/A

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

\*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under Section 1124.2.1 or 1124.3.